



Please check one of the following:

New ACH Authorization

Change ACH Authorization

Vendor/Payee Information

Company Name: _____

Company Address: _____

Accounts Receivable Contact Name: _____

Accounts Receivable Telephone Number: _____

Email Address for remittance information: _____

I (we) hereby authorize City Utilities of Springfield, Missouri to initiate ACH credit or if necessary ACH debit entries to our checking account indicated below at the depository financial institution named below. Further, I (we) agree not to hold City Utilities of Springfield, Missouri responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to our account. This authorization will remain in effect until City Utilities of Springfield, Missouri receives a written notice of cancellation in such manner as to afford a reasonable opportunity to act on it.

Depository Financial Institution: _____

Routing Number: _____

Bank Account Number: _____

Type of Account (Checking or Savings): _____

Authorized by (Signature & Date): _____

Name (Print or Type): _____

Title: _____

Questions? Contact Aaron Fortson, Manager – Disbursements at 417.831.8747 or Aaron.Fortson@cityutilities.net